

Submitting Institutional & Secondary Claims on the Provider Portal

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar – October 2022



Agenda

- IHCP Resources for *UB-04* Billers
- Submitting *UB-04*/Institutional and Secondary Claims
- Submitting Third-Party Liability (TPL) Secondary Claims
- Submitting Medicare or Medicare Advantage Plan Secondary Claims
- Searching for Claims and Payment History
- Submitting Third-Party Liability (TPL) Updates
- Helpful Tools
- Questions



IHCP Resources for *UB-04* Billers



Resources

INDIANA MEDICAID
for Providers

Provider Enrollment

Provider References

Provider Education

Business Transactions

Clinical Services

About IHCP Programs

Contact Information

[INDIANA MEDICAID](#) / [IHCP PROVIDERS](#) / PROVIDER REFERENCES

Find policy and other guidance in Indiana Health Coverage Programs (IHCP) provider news announcements, publications, and primary reference documents.

- [News, Bulletins, and Banner Pages](#) ←
- [Current IHCP News](#)
- [Bulletins](#)
- [Banner Pages](#)
- [IHCP Email Notifications](#) ←
- [Provider Reference Materials](#)
- [IHCP Provider Reference Modules](#) ←
- [IHCP Companion Guides](#)

[Provider Reference Modules](#)

is your #1 venue for education and information.



Examples of Commonly Accessed Modules

| | |
|---|---------------|
| Hospice Services | April 1, 2021 |
| Hospital Assessment Fee | Oct. 1, 2021 |
| Injections, Vaccines and Other Physician-Administered Drugs | July 1, 2021 |
| Inpatient Hospital Services | April 1, 2021 |
| Laboratory Services | July 1, 2021 |
| Long-Term Care | June 1, 2020 |
| Medical Practitioner Reimbursement | April 1, 2021 |
| Obstetrical and Gynecological Services | Oct. 1, 2020 |
| Oncology Services | Feb. 1, 2021 |
| Out-of-State Providers | Jan. 1, 2021 |
| Outpatient Facility Services | April 1, 2022 |



Table of Contents – Inpatient Hospital Services

Table of Contents

| | |
|--|----|
| Introduction..... | 1 |
| Prior Authorization for Hospital Inpatient Admissions | 1 |
| PA Policy for Inpatient Stays for Burn Care..... | 2 |
| PA Policy for Inpatient Stays for Dually Eligible Members..... | 2 |
| Inpatient Admission Criteria | 3 |
| Acute Care Hospital Admission and Continued Stay Criteria for Adults | 3 |
| Acute Care Hospital Admission and Continued Stay Criteria for Pediatrics | 5 |
| Inpatient Rehabilitation Admission and Discharge Criteria..... | 8 |
| Dental Admissions | 9 |
| Inpatient Burn Admissions | 10 |
| General Inpatient Billing and Coding Procedures..... | 12 |
| Revenue Code Itemization | 12 |
| Diagnosis Codes | 12 |
| Present-on-Admission Indicators..... | 13 |
| Occurrence Codes | 14 |
| Reimbursement Methodology for Inpatient Services..... | 14 |
| Diagnosis-Related Group Reimbursement System | 15 |
| Inpatient Level-of-Care Reimbursement System..... | 17 |
| Reimbursement for Capital Costs | 19 |
| Reimbursement for Medical Educational Costs..... | 19 |
| Outlier Payments..... | 20 |



Revenue Codes and Linkages

[Code Sets](#)

Business Transactions>Billing and Reimbursement>Code Sets>Launch Provider Code Table>Accept IHCP Provider Code Tables Agreement

General Billing Codes

- [Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG](#)
- [Prenatal and Preventive Pediatric Care Diagnosis Codes That Bypass Cost Avoidance](#)
- [Procedure Code Modifiers for Professional Claims](#)
- [Procedure Codes That Require Attachments](#)
- [Procedure Codes That Require NDCs](#)
- [Revenue Codes](#)
- [Revenue Codes with Special Procedure Code Linkages](#)
- [Service Codes That Require Electronic Visit Verification](#)



Service-and-Provider-Specific Codes

Inpatient Hospital Services Codes

Inpatient Hospital Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Banner Pages and Bulletins](#) and the [IHCP Fee Schedules](#) for updates to coding, coverage, and benefit information.*

For information about using these code tables, see the [Inpatient Hospital Services](#) provider reference module.

[Table 1 – ICD-10 Deep Vein Thrombosis and Pulmonary Embolism Diagnosis Codes Excluded From Hospital-Acquired Condition \(HAC\) and Present-on-Admission \(POA\) Requirements for Pediatric or Obstetric Patients](#)

[Table 2 – Procedure Codes Payable as an Inpatient Service When Delivered in an Inpatient Setting for Stays of Less Than 24 Hours](#)

Outpatient Fee Schedule

[Outpatient Fee Schedule](#)

Outpatient Fee Schedule

The Outpatient Fee Schedule is intended for use by outpatient hospitals and ambulatory surgical centers (ASCs) that bill services using institutional claims (UB-04 claim form or electronic equivalent) under the fee-for-service or the managed care service delivery systems.

- The Outpatient Fee Schedule reflects IHCP coverage and reimbursement policy for individual procedure codes. It is updated regularly to reflect any change in policies. Schedules reflecting the most recent updates are posted for your reference.
- [Outpatient Fee Schedule – July 2022](#)
- [Outpatient Fee Schedule – June 2022](#)
- [Outpatient Fee Schedule – May 2022](#)
- [Outpatient Fee Schedule – April 2022](#)
- [Outpatient Fee Schedule – March 2022](#)
- [Outpatient Fee Schedule – February 2022](#)

Outpatient Fee Schedule

| A | B | C | D | E | F | G | H | I | J | K |
|---|---|---|---|---|---|---|---|---|---|---|
| Outpatient Fee Schedule for IHCP | | | | | | | | | | |
| Tab 1 | Introduction/Notes | | | | | | | | | |
| Tab 2 | Frequently Asked Questions | | | | | | | | | |
| Tab 3 | Fee Schedule | | | | | | | | | |
| Tab 4 | ASC Codes & Rates | | | | | | | | | |
| Tab 5 | List of all Revenue Codes | | | | | | | | | |
| Tab 6 | Codes allowable with Revenue Code 260 (on same date as treatment room | | | | | | | | | |
| Tab 7 | Codes allowable with Revenue Code 274 | | | | | | | | | |
| Tab 9 | Codes allowable with Revenue Code 636 | | | | | | | | | |
| Tab 10 | Codes linked with Revenue Code 724 | | | | | | | | | |
| Tab 11 | Codes allowable with Revenue Code 920 | | | | | | | | | |
| Tab 12 | Codes allowable with Revenue Code 929 | | | | | | | | | |
| Tab 13 | Codes allowable with Revenue Code 940 | | | | | | | | | |
| Tab 14 | MCE Only RC Links | | | | | | | | | |

Billing and Remittance

- Code Sets
- IHCP Fee Schedules

Provides information on revenue codes linkages



Submitting *UB-04*/Institutional and Secondary Claims



Two Ways to Access Claims Submission

My Home Eligibility **Claims** Care Manage

Claims

Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Institutional](#)
- ▶ [Submit Claim Professional](#)
- ▶ [Search Payment History](#)

A red arrow points to the 'Submit Claim Institutional' link.

OR

My Home **Claims** Care Management Res

Claims

- Search Claims
- Submit Claim Dental
- Submit Claim Inst
- Submit Claim Prof

▶ [Search](#)

- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Institutional](#)
- ▶ [Submit Claim Professional](#)

A red arrow points to the 'Submit Claim Inst' option in the dropdown menu.

Institutional Claim Provider and Patient Information

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Inpatient Outpatient

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

| | | | |
|----------------------------------|--|---------|-------|
| Billing Provider ID | | ID Type | NPI |
| Institutional Provider ID | XXXXXXXXXX  | ID Type | NPI ▼ |
| Attending Provider ID |  | ID Type | ▼ |
| Attending Taxonomy | | | |
| Operating Provider ID |  | ID Type | ▼ |
| Other Operating Provider ID |  | ID Type | ▼ |

Name _____

Patient Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

| | | | |
|-------------------|---|--------------------|--|
| *Member ID | XXXXXXXXXXXX | *First Name | |
| *Last Name | | | |
| Birth Date |  | | |

Indicate whether the claim is inpatient or outpatient. The Inpatient/Outpatient selection determines which fields are required.

Use the spyglass for accuracy.

***Red asterisks indicate required fields.**



Institutional Claim Information

Claim Information

Claim Header Instructions

*Covered Dates [redacted] - * [redacted]

*Admission Date/Hour [redacted] (hh:mm) - [redacted] (hh:mm) Discharge Hour [redacted] (hh:mm)

*Admission Type [redacted] Admission Source [redacted]

*Admitting Diagnosis Type ICD-10-CM [redacted] *Admitting Diagnosis [redacted]

Medical Record Number [redacted]

*Patient Status [redacted] *Type of Bill [redacted]

*Patient Number [redacted] Authorization Number [redacted]

*Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A

*Does the provider have a signed statement from the patient releasing their medical information? Yes No

Include Other Insurance

Total Charged Amount \$0.00

Continue **Cancel**

If the primary insurance covers the service, check the box.

Admitting diagnosis is member's condition when they enter the facility.



Institutional Claim Diagnosis Codes

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| # | Diagnosis Type | Diagnosis Code |
|---|--|--|
| <u>1</u> | | |
| 1 | *Diagnosis Type <input type="text" value="ICD-10-CM"/> | *Diagnosis Code <input type="text" value="I71"/> |
| | Present on Admission <input type="text" value=""/> | |
| <input type="button" value="Add"/> <input type="button" value="Reset"/> | | |

I713-ABDOMINAL AORTIC ANEURYSM, RUPTURED
 I714-ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE
 I71-AORTIC ANEURYSM AND DISSECTION
 I718-AORTIC ANEURYSM OF UNSPECIFIED SITE, RUPTURED
 I719-AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE
 I7102-DISSECTION OF ABDOMINAL AORTA
 I710-DISSECTION OF AORTA
 I7101-DISSECTION OF THORACIC AORTA
 I7103-DISSECTION OF THORACOABDOMINAL AORTA
 I7100-DISSECTION OF UNSPECIFIED SITE OF AORTA

** 14 matches found. Select entry or refine search text. **

Enter the first three alpha characters or diagnosis characters. A suggested list populates.



Institutional Claim Enter Diagnosis Codes

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| # | Diagnosis Type | Diagnosis Code | POA | Action |
|----------|----------------|--|-----|------------------------|
| <u>1</u> | ICD-10-CM | I713-ABDOMINAL AORTIC ANEURYSM, RUPTURED | | Remove |
| <u>2</u> | ICD-10-CM | I7102-DISSECTION OF ABDOMINAL AORTA | | Remove |
| <u>3</u> | | | | |

3 *Diagnosis Type *Diagnosis Code

Present on Admission

[Add](#)

[Reset](#)

- Click **Add** after each entry.
- If diagnosis requires a present on admission (POA) indicator, include it.



Institutional Claim Condition, Occurrence, and Value Codes

Condition Codes

Click the **Remove** link to remove the entire row.

| # | Condition Code | Action |
|---|----------------|--------|
| 1 | | |

1 ***Condition Code**

Add **Reset**

Occurrence Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

| # | Occurrence Code | From Date | To Date | Action |
|---|-----------------|-----------|---------|--------|
| 1 | | | | |

1 ***Occurrence Code** ***From Date** ***To Date**

Add **Reset**

Value Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

| # | Value Code | Amount | Action |
|---|------------|--------|--------|
| 1 | | | |

1 ***Value Code** ***Amount**

Add **Reset**

- Enter required codes, dates and amounts.
- Click **Add**.

Institutional Claim Surgical Procedure Code

Surgical Procedures

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.

| # | Surgical Procedure Type | Surgical Procedure Code | Date | Action |
|----------|-------------------------|-------------------------|------|--------|
| <u>1</u> | | | | |

1 *Surgical Procedure Type ICD-10-PCS ▼ *Surgical Procedure Code

*Date 

Add **Reset**

Back to Step 1 **Continue** **Cancel**

- Enter the surgical procedure code and date, if applicable
- Click **Add**, then **Continue**.



Submitting Third-Party Liability (TPL) Secondary Claims



When **IS** the Primary EOB Required for TPL Insurance - Commercial?

Explanation of benefits (EOB) needed when:

- Third-Party Liability (TPL) has denied the service as non-covered.
- The TPL has applied the entire amount to the copay, coinsurance, or deductible, and no payment is made.

EOB not needed when:

- The primary insurance *COVERS* the service and has *PAID* on the claim.
- Actual dollars were received.



Other Insurance TPL Header

Other Insurance Details -

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| # | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid Date | Action |
|--|-------------------------------------|------------|----------|--------------------------|-----------|--------|
|  | Click to add a new other insurance. | | | | | |

- If the primary insurance is listed, click on the line-item number to open the window.
- If primary insurance is not listed, click + (plus) to add a new other insurance.

Other Insurance TPL Header

- Complete the required fields (*), and the TPL/Medicare Paid Amount field.
- Click **Add**.

| # | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid |
|--|--|---|---|--------------------------|------|
| <input type="checkbox"/> Click to collapse. | | | | | |
| | *Carrier Name <input type="text" value="AETNA"/> Carrier Address <input type="text"/> City <input type="text"/> | *Carrier ID <input type="text" value="AETNA"/> | | | |
| | *Policy Holder Last Name <input type="text"/> Policy Holder Address <input type="text"/> City <input type="text"/> | | *First Name <input type="text"/> | | |
| | *Policy ID <input type="text"/> *Relationship to Patient <input type="text"/> Group ID <input type="text"/> | | *Claim Filing Code <input type="text"/> Policy Name <input type="text"/> | | |
| | * TPL/Medicare Paid Amount <input type="text" value="\$0.00"/> Claim ID <input type="text"/> Referral Number <input type="text"/> | | Paid Date <input type="text"/> Authorization Number <input type="text"/> | | |
| <div style="display: flex; justify-content: space-between;"> Add Cancel </div> | | | | | |

- 11-Other Non-Federal Programs
- 12-Preferred Provider Organization
- 13-Point of Service (POS)
- 14-Exclusive Provider Organization
- 15-Indemnity Insurance
- 16-Health Maintenance Organization
- 17-Dental Maintenance Organization
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability

Other Insurance TPL Header

Other Insurance Details -

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| # | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid Date | Action |
|---|--------------|------------|----------|--------------------------|-----------|------------------------|
| 1 | AETNA | | | \$0.00 | - | Remove |

Click to add a new other insurance.

Condition Codes +

Occurrence Codes +

Value Codes +

Surgical Procedures +

[Back to Step 1](#) [Continue](#) [Cancel](#)

After you save and see the information in the *Other Insurance Details* window, click **Continue**.



Other Insurance TPL Service Detail

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

| # | From Date | To Date | Revenue Code | HCPCS/Procedure Code | Charge Amount | Units | Action |
|---|---------------------------------|------------------------------|---|---|--|-----------------------------|---------------------------------|
| <input type="checkbox"/> Click to collapse. | | | | | | | |
| | *From Date <input type="text"/> | To Date <input type="text"/> | *Revenue Code <input type="text"/> | HCPCS/Procedure Code <input type="text"/> | Charge Amount <input type="text"/> | *Units <input type="text"/> | *Unit Type <input type="text"/> |
| | *Modifiers <input type="text"/> | | Line Item Control# <input type="text"/> | | Non-Covered Charge Amount <input type="text"/> | | |

NDC for Service Detail

After entering charge amount, click **TAB** to enter the units

- Click on the Service Details line, and complete the required fields.
- HCPCS and Modifiers, if applicable
- Click **Add**.
- The Service Details line will collapse.



Other Insurance TPL Additional Details

| Service Details | | | | | | | |
|---|------------|------------|--|---------------------------------|---------------|--------|------------------------|
| Select the row number to edit the row. Click the Remove link to remove the entire row. | | | | | | | |
| # | From Date | To Date | Revenue Code | HCPCS/Procedure Code | Charge Amount | Units | Action |
| <u>1</u> | 07/03/2022 | 07/03/2022 | 306-LABORATORY - BACTERIOLOGY & MICROBIOLOGY | 87426-SARSCOV CORONAVIRUS AG IA | \$120.00 | 1 Unit | Remove |
| <u>2</u> | 07/03/2022 | 07/03/2022 | 450-EMERGENCY ROOM - GENERAL CLASSIFICATION | 99283-EMERGENCY DEPT VISIT | \$1,696.00 | 1 Unit | Remove |
| <input type="checkbox"/> Click to add service detail. | | | | | | | |

Choose the number for *EACH* detail line to report the payment for each detail individually.



Other Insurance TPL COB Detail

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

| # | Carrier ID | TPL/Medicare Paid Amount | Paid Date | Action |
|---|------------|--------------------------|-----------|--------|
|---|------------|--------------------------|-----------|--------|

Click to collapse.

***Other Carrier**

***TPL/Medicare Paid Amount**

***Paid Date**

NDC for Service Detail

- Use the drop-down menu to choose the insurance that was added at the header level. Add the payment received for that detail line and date of the primary EOB.
- Click **Add** and **Save** to collapse the service detail line.

Other Insurance TPL Detail

Claim adjustment details are **NOT**
completed for TPL

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

| # | Claim Adjustment Group Code | Reason Code | Adjustment Amount | Units | Action |
|---|-----------------------------|-------------|-------------------|-------|--------|
|---|-----------------------------|-------------|-------------------|-------|--------|

Click to collapse.

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount Adjusted Units

Click to add a new other insurance.



Submitting Medicare or Medicare Advantage Plan Secondary Claims



When **IS** the Medicare or Medicare Advantage Plan EOB required?

Explanation of benefits (EOB) needed when:

- The Medicare or the Medicare Advantage Plan denies the service
- If Advantage Plan EOB is required, “Medicare Advantage Plan” must be written on the EOB



EOB not needed when:

- The Medicare or Medicare Advantage Plan covers the service:
 - Actual dollars were received
 - Zero-paid claim
 - Entire
 - Partial amount was applied to deductible, coinsurance or copay

A zero-paid claim IS NOT a denied claim.

Medicare or Medicare Advantage Plan Header

*Carrier Name *Carrier ID
 Carrier Address
 City State ZIP Code Country Code

*Policy Holder Last Name *First Name MI
 Policy Holder Address
 City State ZIP Code Country Code

*Policy ID SSN
 *Relationship to Patient *Claim Filing Code
 Group ID Policy Name

TPL/Medicare Paid Amount \$0.00
 Claim ID
 Referral Number

Condition Codes
 Click the **Remove** link to remove the entire row.

| # | Condition Code |
|---|--|
| | 11-Other Non-Federal Programs |
| | 12-Preferred Provider Organization (PPO) |
| | 13-Point of Service (POS) |
| | 14-Exclusive Provider Organization (EPO) |
| | 15-Indemnity Insurance |
| | 16-Health Maintenance Organization (HMO) Medicare Risk |
| | 17-Dental Maintenance Organization |
| | AM-Automobile Medical |
| | BL-Blue Cross/Blue Shield |
| | CH-Champus |
| | CI-Commercial Insurance Co. |
| | DS-Disability |
| | FI-Federal Employees Program |
| | HM-Health Maintenance Organization |
| | LM-Liability Medical |
| | MA-Medicare Part A |
| | MB-Medicare Part B |

Traditional Medicare A – MA
 Traditional Medicare B - MB
 Medicare Replacement Plan - 16

- 11-Other Non-Federal Programs
- 12-Preferred Provider Organization (PPO)
- 13-Point of Service (POS)
- 14-Exclusive Provider Organization (EPO)
- 15-Indemnity Insurance
- 16-Health Maintenance Organization (HMO) Medicare Risk
- 17-Dental Maintenance Organization
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employees Program
- HM-Health Maintenance Organization
- LM-Liability Medical
- MA-Medicare Part A
- MB-Medicare Part B

- Complete all required fields (*), and the TPL/Medicare Paid Amount field.
- Click **Add**.



Medicare or Medicare Advantage Plan Header

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| # | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid Date | Action |
|-------------------|--------------|------------|----------|--------------------------|-----------|------------------------|
| 1 | Medicare | 08101 | | \$0.00 | ... | Remove |

- After you save, the system will return to the *Other Insurance Details* panel.
- Click on the insurance line number again to add the coinsurance and deductible information in the *Claim Adjustment Details* window.



Medicare or Medicare Advantage Plan Header

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

| # | Claim Adjustment Group Code | Reason Code | Adjustment Amount | Units | Action |
|---|------------------------------|---------------------------|---|-------|--------|
| <input type="checkbox"/> Click to collapse. | | | | | |
| | *Claim Adjustment Group Code | PR-Patient Responsibility | | | |
| | *Reason Code | 1 | | | |
| | *Adjustment Amount | 15.00 | | | |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/> | | | | | |
| <input type="button" value="Save"/> <input type="button" value="Cancel"/> | | | | | |
| <input type="checkbox"/> Click to add a new other insurance. | | | | | |
| <input type="button" value="Back to Step 1"/> | | | <input type="button" value="Continue"/> <input type="button" value="Cancel"/> | | |

Reason Codes:
 1 Deductible
 2 Coinsurance
 3 Copayment

Amount of patient responsibility on **ENTIRE** claim

Click **Add** and **Save** once all information has been entered.



Medicare or Medicare Advantage Plan Header

Claim Adjustment Details [-]

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

| # | Claim Adjustment Group Code | Reason Code | Adjustment Amount | Units | Action |
|-------------------|-----------------------------|---------------------|-------------------|-------|------------------------|
| 1 | PR-Patient Responsibility | 1-Deductible Amount | \$30.00 | | Remove |

Click to add a new claim adjustment.

Click to add a new other insurance.

Condition Codes [+]

Occurrence Codes [+]

Value Codes [+]

Surgical Procedures [+]

- If the member has more than one patient responsibility, click the + (plus) sign to add new claim adjustment.
- Once the *Claim Adjustment Details* panel is completed, click **Save** and then **Continue**.

Medicare or Medicare Advantage Plan Detail

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

| # | From Date | To Date | Revenue Code | HCPCS/Procedure Code | Charge Amount | Units | Action |
|--------------------|------------|---------|--------------------|----------------------|---------------------------|--------|------------|
| Click to collapse. | | | | | | | |
| | *From Date | To Date | *Revenue Code | HCPCS/Procedure Code | Charge Amount | *Units | *Unit Type |
| | | | | | | | Unit |
| | Modifiers | | Line Item Control# | | Non-Covered Charge Amount | | |

NDC for Service Detail

After entering charge amount, click **TAB** to enter the units.

- Click on the Service Details line and complete the required fields.
- HCPCS and Modifiers, if applicable
- Click **Add**.
- The Service Details line will collapse.

Medicare or Medicare Advantage Plan Detail

| Service Details | | | | | | | |
|---|------------------------------|------------|--|---------------------------------|---------------|--------|------------------------|
| Select the row number to edit the row. Click the Remove link to remove the entire row. | | | | | | | |
| # | From Date | To Date | Revenue Code | HCPCS/Procedure Code | Charge Amount | Units | Action |
| <u>1</u> | 07/03/2022 | 07/03/2022 | 306-LABORATORY - BACTERIOLOGY & MICROBIOLOGY | 87426-SARSCOV CORONAVIRUS AG IA | \$120.00 | 1 Unit | Remove |
| <u>2</u> | 07/03/2022 | 07/03/2022 | 450-EMERGENCY ROOM - GENERAL CLASSIFICATION | 99283-EMERGENCY DEPT VISIT | \$1,696.00 | 1 Unit | Remove |
|  | Click to add service detail. | | | | | | |

Click **1** for the service detail to open the *Other Insurance Details* panel.



Medicare or Medicare Advantage Plan COB Detail

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

| # | Carrier ID | TPL/Medicare Paid Amount | Paid Date | Action |
|--------------------|---------------------------|--------------------------|------------|--------|
| Click to collapse. | | | | |
| | *Other Carrier | | | |
| | *TPL/Medicare Paid Amount | | *Paid Date | |

Add **Cancel**

NDC for Service Detail

Save **Cancel**

- Use the drop-down menu to choose the insurance that was added at the header level. Add the payment received for that detail line and date of the primary EOB.
- Click **Add** and **Save** to collapse the service detail line.

Medicare or Medicare Advantage Plan Detail

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

| # | Claim Adjustment Group Code | Reason Code | Adjustment Amount | Units | Action |
|---|-----------------------------|-------------|-------------------|-------|--------|
|---|-----------------------------|-------------|-------------------|-------|--------|

Click to collapse.

*Claim Adjustment Group Code: PR-Patient Responsibility

*Reason Code: 1

*Adjustment Amount: 15.00

Add **Cancel**

Save **Cancel**

Reason Codes:
1 Deductible
2 Coinsurance
3 Copayment

Amount of patient responsibility on just this one detail

Click to add a new other insurance.

Back to Step 1 **Continue** **Cancel**

Click **Add** and **Save** once all information has been entered.



Claim Note and Attachments

Claim Note Information

Click the **Remove** link to remove the entire row.

| # | Note Reference Code | Note Text | Action |
|--|--|--|--|
| <input type="checkbox"/> Click to collapse. | | | |
| | <input type="text" value="Note Reference Code"/> <input type="text" value="Note Text"/> | <div style="border: 1px solid black; padding: 2px;"> Allergies Goals, Rehabilitation Potential, or Discharge Plans Diagnosis Description Durable Medical Equipment (DME) and Supplies Medications Nutritional Requirements Orders for Disciplines and Treatments Functional Limitations, Reason Homebound, or Both Reasons Patient Leaves Home Times and Reasons Patient Not at Home Unusual Home, Social Environment, or Both Safety Measures Supplementary Plan of Treatment Updated Information </div> | <div style="border: 1px solid black; padding: 2px;"> 03-Report Justifying Treatment Beyond Utilization Guidelines 04-Drugs Administered 05-Treatment Diagnosis 06-Initial Assessment 07-Functional Goals 08-Plan of Treatment 09-Progress Report 10-Continued Treatment 11-Chemical Analysis 13-Certified Test Report 15-Justification for Admission 21-Recovery Plan A3-Allergies/Sensitivities Document A4-Autopsy Report AM-Ambulance Certification AS-Admission Summary B2-Prescription B3-Physician Order B4-Referral Form BR-Benchmark Testing Results BS-Baseline BT-Blanket Test Results CB-Chiropractic Justification CK-Consent Form(s) CT-Certification D2-Drug Profile Document DA-Dental Models DB-Durable Medical Equipment Prescription DG-Diagnostic Report </div> |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/> | | | |

Attachments

Click the **Remove** link to remove the entire row.

| # | Transmission Method | File | Action |
|--|--|--|--|
| <input type="checkbox"/> Click to collapse. | | | |
| | *Transmission Method <input type="text" value="FT-File Transfer"/> | <input type="text" value="Upload File"/> | <input type="text" value="Attachment Type"/> |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/> | | | |

Search for the file from the documents saved on the computer.
 Attachment size limit is 5 MB total
 Document types allowed: PDF, BMP, GIF, JPG/JPEG, PNG and TIFF/TIF



Click Submit

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

| # | From Date | To Date | Revenue Code | HCPCS/Procedure Code | Charge Amount | Units | Action |
|---|-----------|---------|--------------|----------------------|---------------|-------|--------|
|---|-----------|---------|--------------|----------------------|---------------|-------|--------|

Click to collapse.

*From Date To Date

*Revenue Code HCPCS/Procedure Code

Modifiers

Charge Amount *Units *Unit Type

Line Item Control# Non-Covered Charge Amount

NDC for Service Detail

Attachments

Click the **Remove** link to remove the entire row.

| # | Transmission Method | File | Control # | Attachment Type | Action |
|---|---------------------|------|-----------|-----------------|--------|
|---|---------------------|------|-----------|-----------------|--------|

Click to add attachment.

Claim Note Information

Click the **Remove** link to remove the entire row.

| # | Note Reference Code | Note Text | Action |
|---|---------------------|-----------|--------|
|---|---------------------|-----------|--------|

Click to collapse.

Note Reference Code

Note Text

Confirm

| Other Insurance Details | | | | | |
|-------------------------|--------------|------------|----------|--------------------------|-----------|
| # | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid Date |
| 1 | Medicare | 08101 | | \$6,500.00 | - |

| Service Details | | | | | | |
|-------------------|------------|------------|---|----------------------|---------------|--------|
| # | From Date | To Date | Revenue Code | HCPCS/Procedure Code | Charge Amount | Units |
| 1 | 07/22/2022 | 07/22/2022 | 111-ROOM & BOARD - PRIVATE (ONE BED) - MEDICAL/SURGICAL/GYN | | \$25,000.00 | 3 Unit |

No External Cause of Injury exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) **Confirm** [Cancel](#)

- Review claim
- Click **Confirm**



Claim Status and Claim ID

The screenshot displays the 'INDIANA MEDICAID for Providers' web interface. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. The 'Claims' link is highlighted. Below the navigation bar, the page title is 'Claims > Claim Receipt'. A 'Delegate for' section shows 'Role IDs' set to 'Provider - In Network'. The main content area is titled 'Submit Institutional Claim: Confirmation' and contains the following text: 'Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.' A red arrow points to this status text. Below this, it says 'The Claim ID is' followed by a blank space. At the bottom of the content area, there are four buttons: 'Print Preview', 'Copy', 'Edit', and 'New'.

Attachment and/or Claim Note may cause the claim status to be pending/in process.



Searching for Claims and Payment History



Search Claims



OR



There are two ways to begin a claims search.

Search Claims by Member ID and Date of Service, or Claim ID or Date Range

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

Claims > Search Claims Thursday 07/28/2022 12:32 PM

Search Claims ?

Medical/Dental/Institutional

Either the Paid Date or Service From and To date are required fields when the Claim ID is not entered.

Claim Information

Claim ID

Member Information

Member ID Birth Date

Last Name First Name

Service Information

Claim Type

Service From To

Paid Date Claim Status

When searching by date range, service from and to dates cannot be more than 60 days.

Search Payment History

My Home | Eligibility | Claims | Care Management | Resources

Claims

 Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Institutional](#)
- ▶ [Submit Claim Professional](#)
- ▶ [Search Payment History](#) ←

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method

Payment ID

Issue Date *From

*To

→

The From and To Issue Date cannot span more than 90 days.

Search Payment History

Search Payment History ?

Provider Information

| Provider ID | ID Type | NPI | Name |
|-------------|---------|-----|------|
|-------------|---------|-----|------|

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method: Payment ID:

Issue Date *From *To

Search Results

To see payment details, click on the Payment ID link.
To access a copy of the Remittance Advice, select the RA icon. Access to the RA will require Adobe Acrobat Reader.

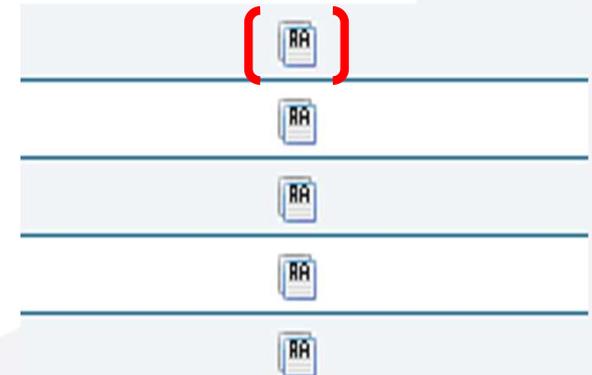
Total Records: 14

| <u>Issue Date</u> ▼ | <u>Payment Method</u> | <u>Payment ID</u> | <u>Total Paid Amount</u> | <u>RA Copy (PDF)</u> |
|---------------------|-----------------------|-------------------|--------------------------|----------------------|
|---------------------|-----------------------|-------------------|--------------------------|----------------------|

Search Results

To see payment details, click on the Payment ID link.
To access a copy of the Remittance Advice, select the R

| <u>Issue Date</u> ▼ | <u>Payment Method</u> |
|---------------------|-----------------------|
| 07/28/2022 | EFT |
| 07/27/2022 | EFT |
| 07/20/2022 | EFT |
| 07/13/2022 | EFT |
| 07/06/2022 | EFT |



Submitting Third-Party Liability Updates via the Portal



Other Insurance TPL Updates

User Details

Welcome

- ▶ [My Profile](#)
- ▶ [Switch Provider](#)

Provider

Name

Provider ID

- ▶ [Provider Maintenance](#)

Provider Services

- ▶ [Member Focused Viewing](#)

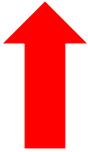
WELCOME HEALTH CARE PROFESSIONAL!



[Contact Us](#)

[Notify Me](#)

[Secure Correspondence](#)



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Delegates must have the function granted to them by their site administrator.



Other Insurance (TPL) Updates Create New Message



Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 1

| <u>Status</u> | <u>Subject</u> | <u>Message Category</u> | <u>Date Opened</u> ▼ | <u>Date Closed</u> |
|---------------|-------------------------------|-------------------------|----------------------|--------------------|
| Open | Error Message | Other | 11/12/2019 | |



Responses to previous inquiries are listed.



Other Insurance (TPL) Updates Attachments

Attachments

Click the **Remove** link to remove the entire row.

| # | Transmission Method | File | Control # | Attachment Type | Action |
|---|---------------------|------|-----------|-----------------|--------|
| Click to collapse. | | | | | |
| *Transmission Method FT-File Transfer ▼ | | | | | |
| *Upload File Choose File No file chosen | | | | | |
| *Attachment Type ▼ | | | | | |
| 01-Primary payer EOBs, including Medicare | | | | | |
| 02-Invoices or MSRP | | | | | |
| 03-Medical records | | | | | |
| 04-Consent forms | | | | | |
| 05-Remittance Advice (RA) | | | | | |
| 06-Screen prints | | | | | |
| 07-Admin Review Request Form | | | | | |
| 08-Claim/Correspondence | | | | | |
| 09-Other | | | | | |

Add **Cancel**

Send **Cancel**

- Add any required attachments to support the request.
- Click **Send**.



Helpful tools



Provider Assistance

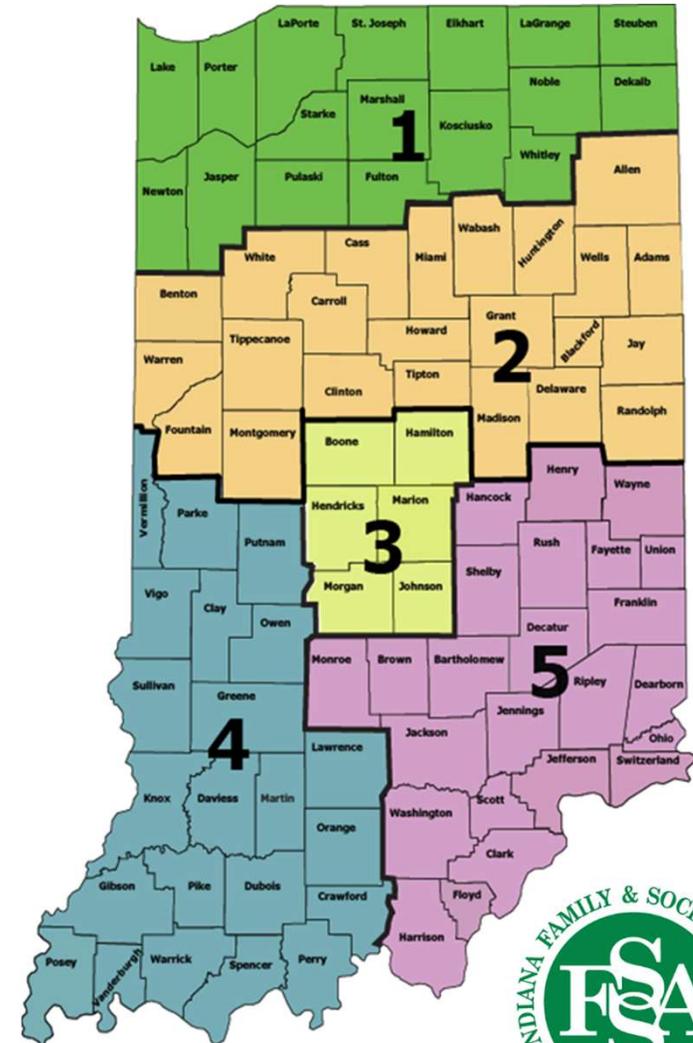
Your provider relations consultant can:

- Assist you with claim denial issues
- Provide free IHCP Portal training
- Assist you with the enrollment or revalidation process
- Assist you in understanding member eligibility
- Conduct 1:1 virtual or in-person onsite training and provider workshops
- Help you in navigating the IHCP Provider website/modules



Who is your Provider Consultant?

| Region | Consultant | Telephone | Counties Served |
|--------|---|--------------|--|
| 1 | Jean Downs (F) Katie Grause (I) inxixregion1@gainwelltechnologies.com | 317.488.5071 | Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley |
| 2 | Shari Galbreath (F) inxixregion2@gainwelltechnologies.com | 317.488.5080 | Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White |
| 3 | Crystal Woodson (F) Jeannette Curtis (I) inxixregion3@gainwelltechnologies.com | 317.488.5321 | Boone, Hamilton, Hendricks, Johnson, Marion, Morgan |
| 4 | Jenny Roberts (F) Emily Redman (I) inxixregion4@gainwelltechnologies.com | 317.488.5153 | Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick |
| 5 | Tami Foster (F) Jen Collins (I) inxixregion5@gainwelltechnologies.com | 317.488.5186 | Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne |



Helpful Tools

IHCP website at in.gov/medicaid/:

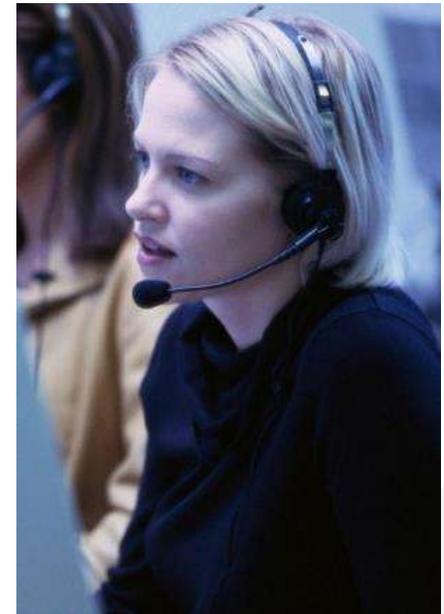
- *IHCP Provider Reference Modules*
- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal
*(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)*



Questions

